

**CLAIMS ONLY**

Application Number

Filing Date

**Applicant(s)**

### Application(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments				
	Indep.	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2							52				
3		1					53				
4		1					54				
5							55				
6		1					56				
7		1					57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18		1					68				
19		1					69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28		1					78				
29		1					79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total	6						Total				
Indep	6						Indep				
Total	4						Total				
Depend.	4						Depend				
Total	10						Total				
Claims	10						Claims				